

ANNUAL REPORT (AR)



FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N26275 1. Entity Name 3205 OWNERS ASSOCIATION, INC.			
Principal Place of Business 3205 COLONY CLUB ROAD APT #3 POMPANO BEACH FL 33062-4728 US		Mailing Address 3205 COLONY CLUB ROAD APT #3 POMPANO BEACH FL 33062-4728 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WEISS, JESS B M.D. 3205 COLONY CLUB ROAD #3 POMPANO BEACH FL 33062-4728		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when registering)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD <input type="checkbox"/> Delete NAME: O'KEEFE, LINDA STREET ADDRESS: 3205 COLONY CLUB RD SUITE 4 CITY-STATE-ZIP: POMPANO BEACH FL 33062	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000644063 03/02/07-80026-020 61.25	
TITLE: STD <input type="checkbox"/> Delete NAME: WEISS, JESS B M.D. STREET ADDRESS: 3205 COLONY CLUB RD STE 3 CITY-STATE-ZIP: POMPANO BEACH FL 33062	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD <input type="checkbox"/> Delete NAME: WEISS, SHIRLEY STREET ADDRESS: 3205 COLONY CLUB ROAD #3 CITY-STATE-ZIP: POMPANO BEACH FL 33062-4728	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> Delete NAME: PAIGE, AMY T STREET ADDRESS: 3205 COLONY CLUB RD SUITE 6 CITY-STATE-ZIP: POMPANO BEACH FL 33062	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> Delete NAME: BLABACH, FRANK STREET ADDRESS: 3205 COLONY CLUB RD SUITE 1 CITY-STATE-ZIP: POMPANO BEACH FL 33062	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E037 (10/06)

4. FEI Number **65-0108832** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jess B. Weiss, M.D. **JESS B. WEISS, M.D.** Feb. 20, 2007 954-782-9718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #